

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Allen J. Hayman M.D.

Mailing Address 7 Goldenrod Ln

City
FalmouthState
MEZip Code
04105-2824FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group - Southern Anes

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 13 / 2014

Transaction ID : C2846575

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James R. Hebl M.D.

Mailing Address Department of Anesthesiology
200 First Street, SW

City

Rochester

State
MNZip Code
55905-0001FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic College of Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : C2846002

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. George G. Hefner M.D.

Mailing Address 11 Briarwood Ln.

City

Lincolnshire

State
ILZip Code
60069-2500FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2014

Transaction ID : C2846051

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00